TOT THE STATE OF T

Utah State Tax Commission

Utah Registration for Exemption from Corporate Franchise or Income Tax

TC-161 Rev. 8/02

Name of organization

| Mailing address | Physical address (if different from mailing address) | | | | | | | | | |
|---|--|---|--|--|--|---|--|--------------------------------------|------------------|---|
| | | | | | | | | | | |
| City | State | ZIP code | | City | | | | State | | ZIP code |
| Federal Identification Number | | | | | | | | | · | |
| Tax Commission Rule R865-6F-1 class of exemption allowed by Utal | | | | | | | | | | |
| 1. Organizations exempt under a. The Internal Revenue Sets. b. A copy of the IRS deterning c. Organizations that are extended in the IRS group of the IRS group. 2. A letter from the pare. 2. Organizations exempt under a. A copy of the most recerb. If the organization has not type of federal return (i.e. | ervices (IRS) nination lette xempt for IR oup exemption oup exemption ont organizate F Section 52 otly filed fede ot been in experience ot been in experience of the section of the section of the section | exempt determed exempting the Spurposes, due on letter, and ion certifying the Spurposes of the IRC, contained the Spurpose of the IRC, contain income tax sistence long er | ninatione above to a state the common return nough | on will be the base listed organization is organization is hor or blank organization is hor or to have filed a | asis for ozation fret exem a duly omeowork federal | om fede ption, m authoriz ners ass income | eral in nust s zed m sociat tax re | come to upply: ember ions, meturn, a | of the ust su | affiliated group. upply: certifying the |
| confirming the type of fe 3. Insurance companies: Insurance companies need Insurance Premium Tax retu | deral return | required. any documenta | | , , | | · | | | | |
| Utah Municipal Building Aut The Utah governing body o authority as defined in Utah | thorities: f the Utah m | unicipality mus | t certif | y that the Utah | municiį | pality or | ganiz | ed the | Utah r | municipal building |
| 5. Farmers' Cooperatives mus a. A copy of the most recer b. If the organization has no date the federal return 9 | ntly filed fede ot been in ex | kistence long er | nough | to have filed a | federal ning the | income type of | tax re | eturn, a al retur | letter n requ | certifying the uired. |
| Yes No Revenue Service | ce? | - | | | | | | | | d by the Internal |
| If "Yes", indicate | | | | | - с.рр., | | _ | | | |
| Under penalties of perjury, I declare the and complete. I further agree to make the | nat to the bes the organization | t of my knowledgon's records avail | ge and able fo | belief, this appli r an audit when t | cation, ir he Tax C | ncluding Commissi | accom | npanying ems it n | docur ecessa | ments, is true, correct, |
| Print name of officer | | | | | Telephone number of organization Date | | | | | |
| Signature of officer | | Title | | | | | | | | |
| | | Tax Co | mmiss | sion Use Only | | | | | | |
| Date received | | | | | | Approve | d | | Denie | d |
| Tax Commission Authorized signature | | | | | | | | | | |
| X | | | | | | | | | | |
| Make a copy of this form for your recor | ds. Send the d | Utah 210 N | | Гах Commissio W | n | | | | | |

For more information, you may contact the Tax Commission by calling (801) 297-2200 or 1-800-662-4335 or visiting the Tax Commission Internet web site at www.tax.utah.gov. The fax number is (801) 297-6358.

If you need an accommodation under the Americans with Disabilities Act, contact the Tax Commission at (801) 297-3811 or TDD 297-2020. Please allow three working days for a response.